HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)

OLIVA, HENRY -

STATE POSITION HELD: (Dept/Div or Board/Commission)

DERUTY DIRECTOR DHS

TERM OF OFFICE (Begin/End):

FICE (Begin/End): 12 04/03 / 84/06

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	NHC INC 766 POHUKAINA ST HON HI 96813	B	WAGES
F	STATE OF HAWAII 1390 MILLER ST #209 HON HT 96813	E	SACARY
SP	DESTINATION RESORTS HT 161 WAILEA IKE PL KIHET HT 96753	В	SMARY
<i>8</i> P	STATE OF HAWALI 250 HOTEL ST #302 HON H1 96813	c	SMARY

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
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ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer. OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE F.SP. DATE OF DC,JT **PERIOD** TRANSFER Check here if entry is None []Check here if additional sheets are attached **ITEM 4: CREDITORS** List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods). F.SP. NAME OF CREDITOR AND ADDRESS ORIGINAL AMOUNT **AMOUNT** DC,JT **OWED OUTSTANDING** BANK ONE C PO BOX 8650 WILMINGTON DE 19899-8650 BANK ONE (SHOWN AROUE) MACHINETON MUTHAL JT PO BOX 44135 JACKSONVILLE PL 32231 AM SKVINGS JT PO BOX 2300 HON 017 96804 Ø J AM SKVINGE (SHOWN MOONE [V]Check here if additional sheets are attached]Check here if entry is None ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation. **TERM OF OFFICE** F.SP. NAME AND ADDRESS OF BUSINESS TITLE HELD **ANNUAL** DC,JT COMPENSATION []Check here if additional sheets are attached [V]Check here if entry is None

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE List interests in real property in the State, held during the disclosure period, if the interest has a value of \$ 10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE	
JT	140 UWAPO RD # 37.106 KIHE1 H1 96753	38 077 013 0062	F	
[]Chec	k here if entry is None		ditional sheets are attached	
List interes	ITEM 7: INTERESTS IN RE sts in real property in the State, acquired during the disclo	EAL PROPERTY ACQUIRED osure period, if the interest has a val	ue of \$10.000 or more	
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION	
[V]Chec	k here if entry is None		dditional sheets are attached	
List interes	ITEM 8: INTERESTS IN REAL ts in real property in the State, transferred during the dis-	PROPERTY TRANSFERRED closure period, if the interest has a	value of \$10.000 or more.	
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION	
,				
[v]Check here if entry is None []Check here if additional sheets are attached				

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

NAME OF CL	IENT	NAME OF STATE AGENCY		
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ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			'04 STATE	
			MAY 2	RECEIV
			P12	GBAI
			:24 5510N	

Check here if entry is None []Check here if additional sheets are attached CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge

and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

1 Lean

05/27/04

DATE

[]Check here if additional sheets are attached

SIGNATURE

Check here if entry is None

HENRY OLIVA -

ITEM 4. CREDITORS (CONTINUED)

SP BENEFICIAL FINANCE
POBOX 60101
CITY OF INDUSTRY, CA 91716
SP DISCOVER
POBOX 30943
WEST VALLEY CITY, UT 84130
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